

SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA IN THAILAND: CLINICAL OUTCOMES, TREATMENTS, AND PROGNOSTIC FACTORS



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Introduction:

Subcutaneous panniculitis-like T-cell lymphoma (SPTL) is a rare type of non-Hodgkin lymphoma (NHL). The natural history, optimal treatment strategy, and prognostic factors associated with this malignancy are not well defined.



Fig. 1.1

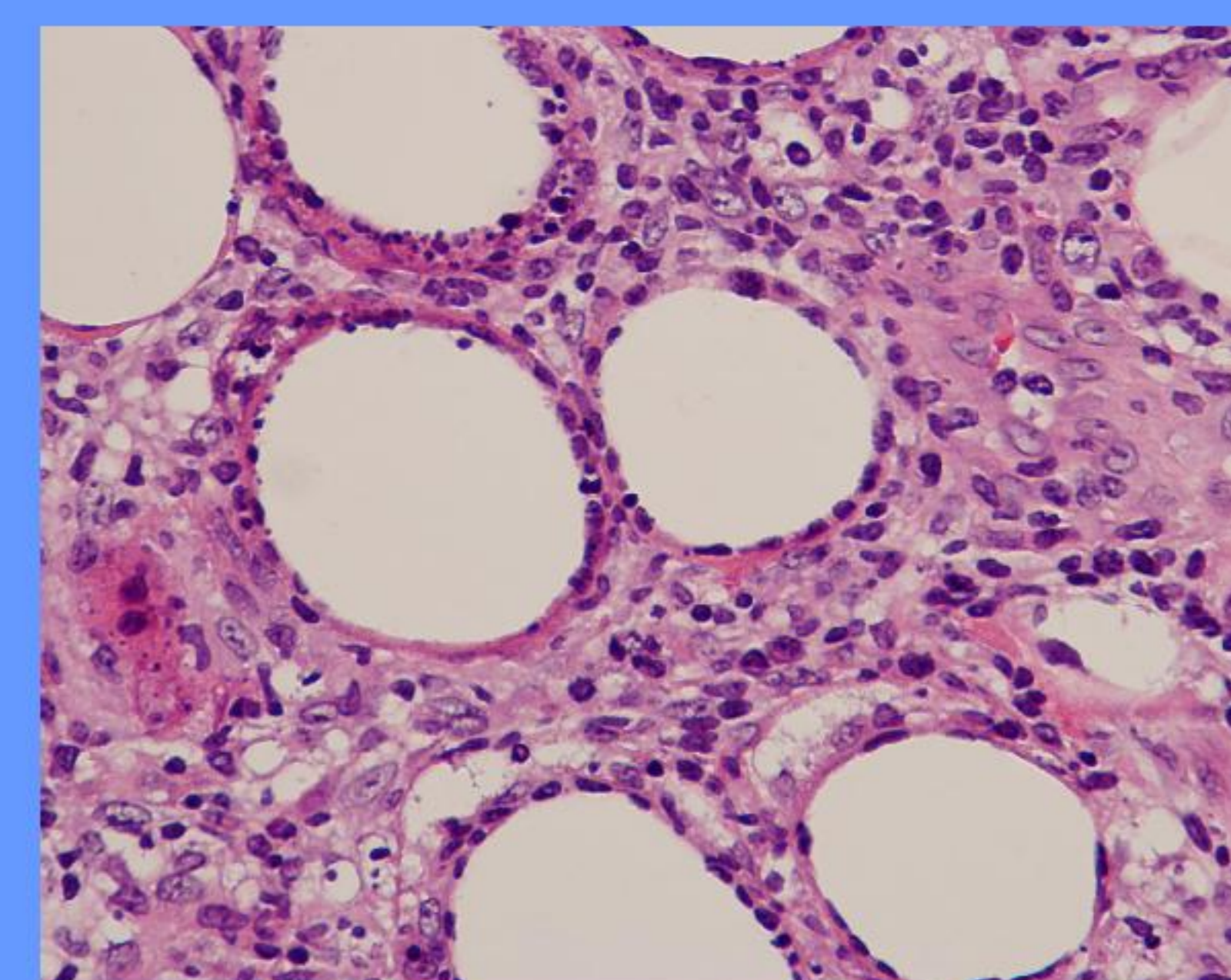


Fig. 1.2

Figure 1.1 Multiple erythematous subcutaneous nodules on the leg.

Figure 1.2 Atypical small to medium-sized lymphoid cells infiltrating subcutaneous adipocytes.

Methods:

Using web-based registry system, our group prospectively collected clinical information of newly diagnosed lymphoma patients from major medical centers situated in various regions of Thailand. Clinical data and treatment outcomes of patients with SPTL were retrieved and analyzed.

Results:

Thirty-seven patients with SPTL were identified in the registry. SPTL accounted for 1% of all NHL (37/3,718) and 8.7% of mature T/NK-cell NHL (37/423). The median age at diagnosis was 27 years (range, 16-63), with female predominance (2:1). Bone marrow involvement was reported in 16% of patients. Systemic B symptoms and elevated serum LDH were common and seen in 54% and 84% of patients, respectively. Thirty-four patients received treatments: CHOP/CHOP-like (n=24), cyclosporine +/- prednisone (n=5), CVP (n=3), IVE (n=1), and prednisone alone (n=1). Three patients underwent autologous transplantation. The rates of objective responses and survival in each treatment group were summarized in table 1 and figure 2.1, 2.2. The best outcomes were seen in the patients who received cyclosporine. Patients in the cyclosporine or CHOP/CHOP-like group had significantly better complete responses (CR), overall responses (CR+PR), overall survival (OS) and progression-free survival (PFS) when compared to those in the other groups ($p < 0.05$). After a median follow-up of 55 months, the 5-year OS and 5-year PFS of all patients were 76.3% and 51.2%, respectively. A multivariate Cox-regression analysis showed poor ECOG performance status to be an independent adverse prognostic factor for OS and PFS.

Table 1. Clinical outcomes of SPTL patients in each treatment group

Treatment	n	CR (%)	CR+PR (%)	5-yr OS	5yr-PFS
CHOP/CHOP-like (CHOP [23], CHOEP [1])	24	16 (66.7%)	20 (83.3%)	82.4%	52.8%
Cyclosporine +/- prednisone	5	4 (80%)	5 (100%)	100%	80%
CVP	3	1 (33.3%)	1 (33.3%)	50%	33.3%
Others (IVE [1], prednisone [1])	2	0	0	0	0

Figure 2.1 & 2.2 Survival (OS & PFS) of SPTL patients according to the treatment group

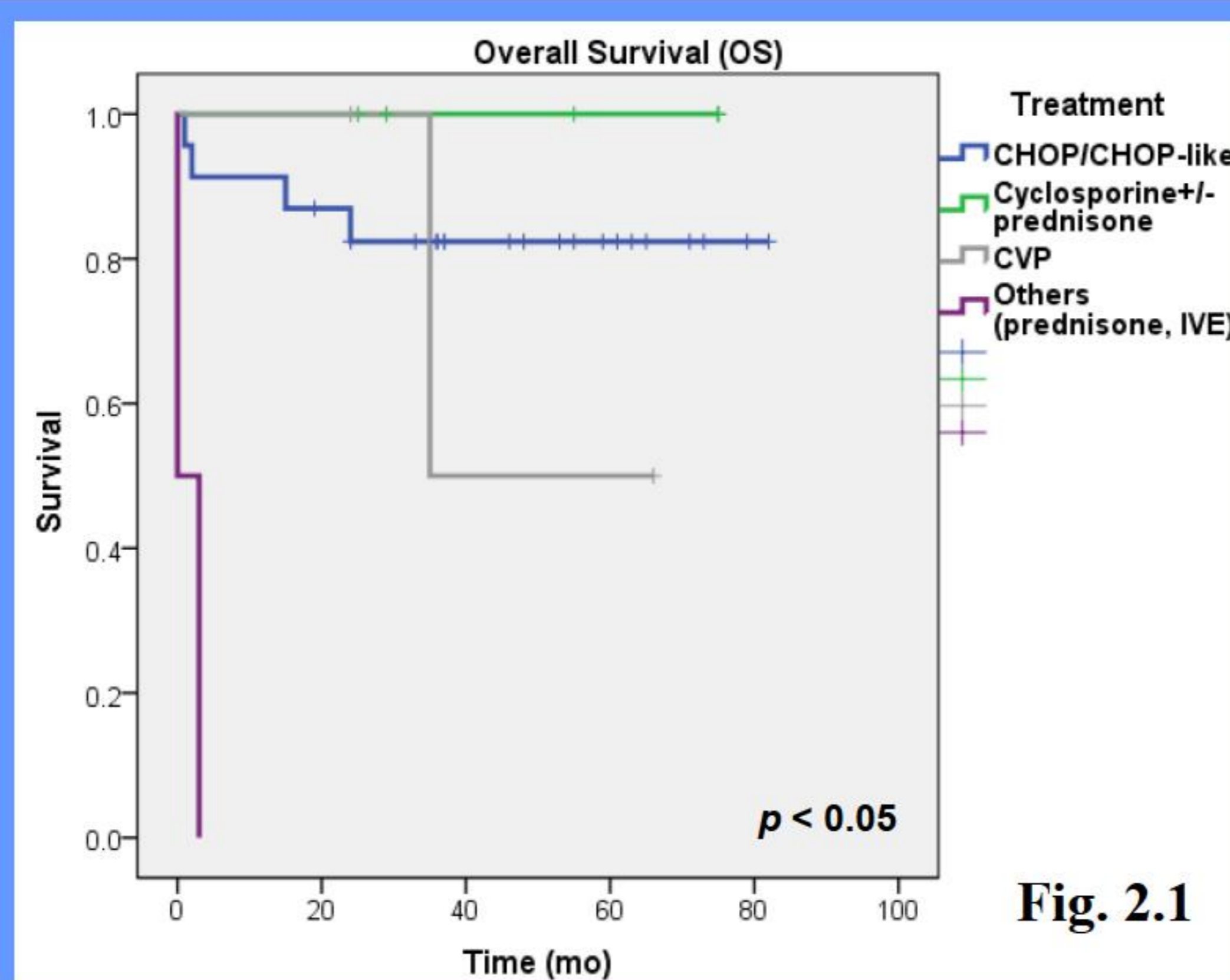


Fig. 2.1

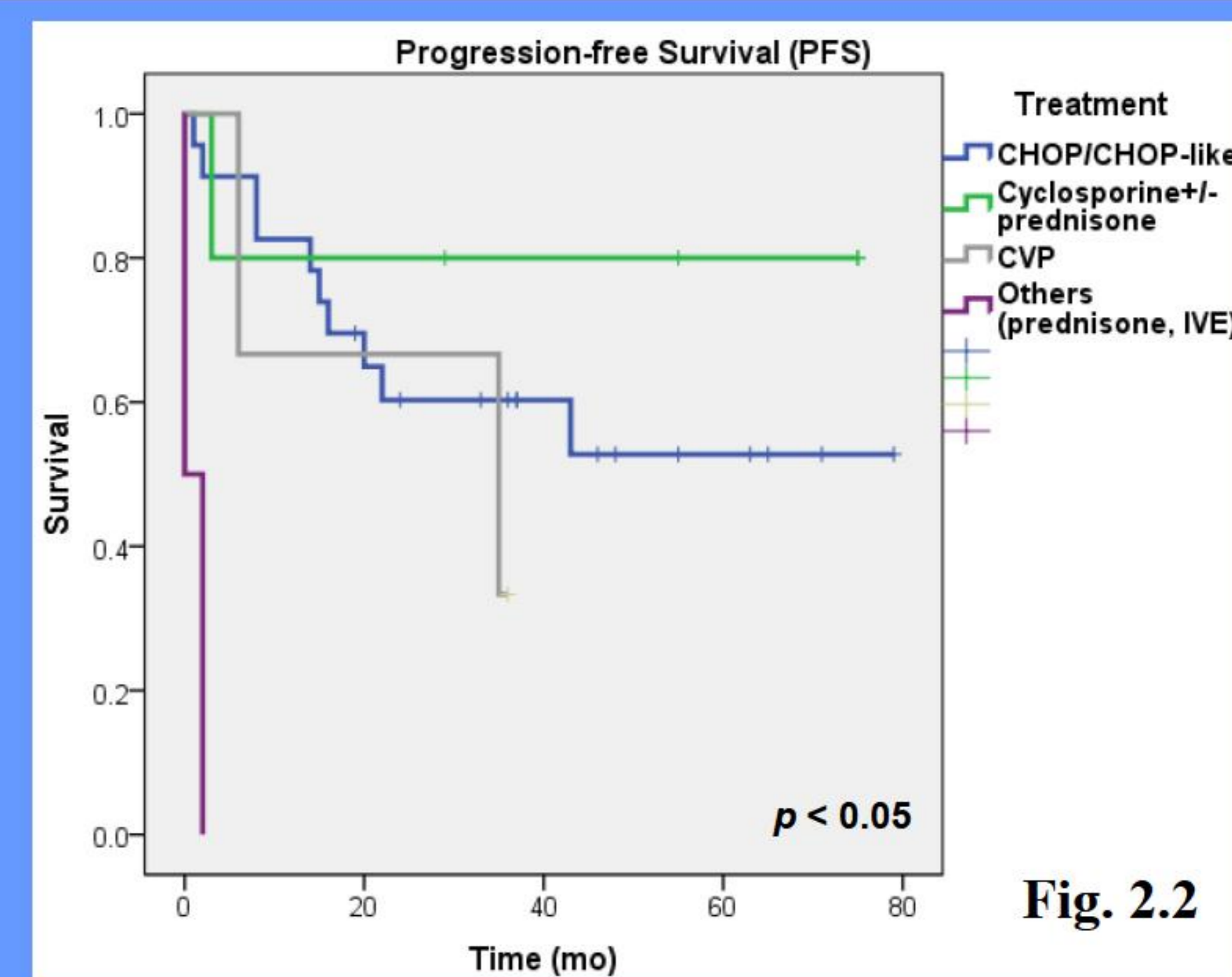


Fig. 2.2

Conclusions:

Compared with Western countries, Thailand seems to have a higher rate of SPTL. SPTL occurs more commonly in young women and the disease has a relatively favorable clinical course. Poor performance status at diagnosis is an independent prognostic factor associated with inferior survival. Our result suggests that cyclosporine is an active drug and may provide benefits equivalent to doxorubicin-based chemotherapy.

